

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038634

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5343

STATE FILE NUMBER

**FILED NOV 1 1962**

**1. PLACE OF DEATH**

**a. COUNTY**

JACKSON

**b. CITY (If outside corporate limits, give TOWNSHIP only)**

KANSAS CITY

**Length of stay in lb**

4 yrs.

**c. FULL NAME OF (If NOT in hospital, give location),  
HOSPITAL OR  
INSTITUTION**

General Hospital

**Inside Limits**

Yes ☐ No ☐

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

**a. STATE** Missouri

**b. COUNTY** JACKSON

**c. CITY OR TOWN**

KANSAS CITY

**Inside Limits**

Yes ☐ No ☐

**d. STREET ADDRESS**

2311 Troost

**Reside on Farm**

Yes ☐ No ☐

**3. NAME OF DECEASED**

(Type or print)

William

**First**

Henry

**Last**

Chick

**4. DATE OF DEATH**

**Month**

10

**Day**

19

**Year**

62

**5. SEX**

MALE

**6. COLOR OR RACE**

Negro

**7. Married**

☒ **Never Married**

**8. DATE OF BIRTH**

5-18-1929

**9. AGE (last birthday)**

33

**IF UNDER 1 YEAR**

Months    Days   

**IF UNDER 24 HR**

Hours    Min.   

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

Laborer

**10b. KIND OF BUSINESS OR INDUSTRY**

Union County Ky

**11. BIRTHPLACE (City and state or country)**

U. S.

**12. CITIZEN OF WHAT COUNTRY**

U. S.

**13a. FATHER'S NAME**

Henry Chick

**13b. MOTHER'S MAIDEN NAME**

Ida Mae Baker

**13c. NAME OF HUSBAND OR WIFE**

Celia Chick

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

**16. SOCIAL SECURITY NO.**

2

**17. INFORMANT**

Celia Chick

**Address**

2311 Troost

**18. CAUSE OF DEATH (Enter only one cause per line)**

**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

Renal Failure

**INTERVAL BETWEEN ONSET AND DEATH**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)**

**DUE TO (c)**

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?**

YES ☐ NO ☐

**20a. ACCIDENT SUICIDE HOMICIDE**

☐ ☐ ☐

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

**20c. TIME OF INJURY**

Hour    a.m.    p.m.   

Month, Day, Year   

**20d. INJURY OCCURRED WHILE AT WORK**

☐ YES ☐ NO

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

  

**20f. CITY, TOWN, OR LOCATION**

  

**COUNTY**

  

**STATE**

  

**21. I attended the deceased from** 12:35 PM 10-19-62 **to** 2:28 PM 10-19-62 **and last saw her** 10-19-62 **him**    **alive on**   

**Death occurred at** 2:28 P.M. **on the date stated above, and to the best of my knowledge, from the causes stated.**

**22a. SIGNATURE**

[Signature]

**(Degree or Title)**

  

**22b. ADDRESS**

2400 Cherry

**22c. DATE SIGNED**

10-19-62

**23a. BURIAL, CREMATION, REINTERMENT (Specify)**

Burial

**23b. DATE**

10/20/62

**23c. NAME OF CEMETERY OR CREMATORY**

Highland

**23d. LOCATION (City, town, or county)**

Kansas City, Mo.

**(State)**

  

**24. FUNERAL DIRECTOR**

Watkins Bros.

**ADDRESS**

18th & Benton

**25. DATE RECD. BY LOCAL REG.**

10-20-62

**26. REGISTRAR'S SIGNATURE**

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. Frank Ellis

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bruce R. Watteris

Licensed Embalmer No. 4500

P. O. Address 18<sup>th</sup> + Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.